



Yes, you can go for it!

Building a Business Case

Peg Gilbert RN, MS, CIC, FAPIC

(1)

Objectives

- Upon completion of the program the participant will be able to:
 - Understand the significance of preparing a business plan
 - Relate the key components of a business plan
 - Discuss factors that assist in successful approval of a project

(2)

Timing of the Ask

- Current culture that would support HAI reduction?
- Is there a cheaper alternative for about the same result?
- Are there resources available to support the project?

(3)

Before you Begin

- Clearly define a problem statement that your project will fix
 - In scope – Out of scope
- Research the issue
- Prepare an elevator speech
- Gather support

(4)

Research

- Is there documented evidence this will fix the problem?
- What are the alternatives?
- Why your chosen brand?

(5)

Proposal Pieces

1. Project Overview: Overall paragraph on purpose and solution:
 Since 2010 our overall Clostridium difficile rate has doubled (SIR .6 – 1.2, NHSN LabID data). Clostridium difficile is a difficult pathogen to kill because it lives in the environment as a spore. Our regular disinfectants for cleaning do not kill this organism. We also have documented instances where patient's have acquired CDI after residing in a room where a prior patient had been housed.

The Infection Control committee is implementing several processes to combat this issue. However, the committee is recommending a critical tool needed to stop the spread of this organism by enhancing cleaning at discharge using a new technology called Ultraviolet light disinfection. There is documented evidence this will decrease the amount of Clostridium difficile spores and be an essential addition to our terminal cleaning process.

Our goal is to decrease our health care onset Clostridium difficile infections which aligns with our strategic goals and mission.

(6)

Ultraviolet Light Disinfection Unit



Show a picture or visual aid. Many on committee's are not clinicians

(7)

Project Detail

- Explain in greater detail how the project will work
- Evidence to support how it has been successful from credible sources from your research
- Cost detail: Describe both direct and indirect and impact on reimbursement programs
- What will be the measurement of success and how soon you expect to see the impact
- Risk if do not purchase or initiate the program
- Summary + Ask
- References
- Attachments

(8)

UV ROOM DECONTAMINATION: ADVANTAGES AND DISADVANTAGES

- **Advantages**
 - Reliable biocidal activity against a wide range of pathogens
 - Surfaces and equipment decontaminated
 - Room decontamination is rapid (5-25 min) for vegetative bacteria (*C. difficile* spores 10-50m)
 - HVAC system does not need to be disabled and room does not need to be sealed
 - UV is residual free and does not give rise to health and safety concerns
 - No consumable products so operating costs are low (key cost = acquisition)
 - Studies show use of UV reduces HAIs
- **Disadvantages**
 - Can only be done for terminal disinfection (i.e., not daily cleaning)
 - All patients and staff must be removed from room
 - Substantial capital equipment costs
 - Does not remove dust and stains which are important to patients/visitors
 - Sensitive use parameters (e.g., UV dose delivered)

(9)

Rutala WA, Weber DJ. Am J Infect Control 2013;41:536

HP ROOM DECONTAMINATION: ADVANTAGES AND DISADVANTAGES

- Advantages
 - Reliable biocidal activity against a wide range of pathogens
 - Surfaces and equipment decontaminated
 - Demonstrated to decrease disease incidence (*C. difficile*)
 - Residual free and does not give rise to health and safety concerns (aeration units convert HPV into oxygen and water)
 - Useful for disinfecting complex equipment and furniture
 - Does not require direct or indirect line of sight
- Disadvantages
 - Can only be done for terminal disinfection (i.e., not daily cleaning)
 - All patients and staff must be removed from room
 - Decontamination takes approximately 1.5-5 hours
 - HVAC system must be disabled and the room sealed with tape
 - Substantial capital equipment costs
 - Does not remove dust and stains which are important to patients/visitors
 - Sensitive use parameters (e.g., HP concentration)

Rutala WA, Weber DJ. Am J Infect Control 2013;41:536

(10)

Enhanced Disinfection Leading to Reduction of Microbial Contamination and a Decrease in Patient Col/Infection

	Standard Method		Enhanced method	
	Quat	Quat/UV	Bleach	Bleach/UV
EIP (mean CFU per room) ^a	60.8	3.4	11.7	6.3
Reduction (%)		94	81	90
Colonization/Infection (rate) ^b	2.3	1.5	1.9	2.2
Reduction (%)		35	17	4

Rutala, Kanamori, Gergen et al. 2017

(11)

Project Support

- Summary paragraph and listing of the support for the project
- Purpose is to help the committee see you have done your homework and there is consensus this is the path to take
- Use direct quotes from key stakeholders
- Attach your support letters as an Appendix

(12)

Gather Project Support

- Leadership support
- Clinical support
- Key department directors
- Other facilities/programs this fixed the issue
- Key Committee
 - Committee makes the request not an individual
- Stakeholders
 - HIIN
 - NHA
 - HAI advisory council
 - NE-DHHS

(13)

External support

- Call them, explain the issue and ask for support
 - Use your elevator speech
- Make it easy
 - Write the letter identifying the issue and have your partner fill in why this is important to their mission
- Give them a date to return to meet your project timeline (at least a week)

(14)

Costs

- Direct: Item and any supplies needed to operate
 - Include storage and new cleaning supplies
- Indirect: Staff time to operate, clean
- Information Technology
 - Does it integrate with system?
 - Will there need to be costly patches?
 - Will they prioritize any installment of software?

(15)

Costs Off set by Regulatory Drivers

- Cite regulation
- Cite how this will increase success with regulatory programs
 - Hospital Inpatient Quality Reporting Program
 - Value Based Purchasing
 - Hospital Acquired Conditions
 - Readmission Penalties
- Insurance reimbursement

16

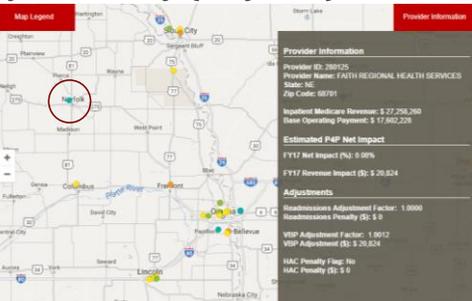
Where do I Find this Data



<https://www.advisory.com/research/health-care-advisory-board/resources/2013/pay-for-performance-map>

17

Click on the dot that represents your facility (only PPS)



18

Measurement of Success

- Use same measure as regulatory programs if possible
- Explain measure and briefly NHSN:
 - Facility CDI Incidence SIR = Number of all Incident CDI LabID Events identified in a non-IRF/IPF location >3 days after admission to the facility (i.e., HO events with no prior positive events for that patient in the previous 14 days) / Number of predicted Incident HO CDI LabID Events
- Add a historical run chart of CDI by quarter

Timeline to Implement: Gantt chart



Impact

- Patients: Cite HCAPHS scores (Hospital Consumer Assessment of Healthcare Providers and Systems)
 - Two questions are reflective of IP Programs:
 - Patient perception of healthcare worker hand hygiene
 - Patient perception of cleanliness of the hospital environment.
- Families: Machine is impressive and builds confidence in perception of hospital
- Organization: Space requirements, Quality of cleaning process
- Provider happiness: Aren't dealing with CDI complications and increased ALOS
- Staff happiness: Fewer isolation rooms to work in, satisfied are doing the best for patients

Risk

The Score

Answer the question: What will happen if this program is not initiated?

(22)

Summary: "The Ask"

- 1. Speak their language
- 2. Demonstrate a return on investment (ROI)
- 3. Clearly state risk
- 4. Engage them with a patient story
- 5. End with a clear and achievable "ask"

I am asking for a significant investment in our infection prevention and control program. We are asking for 5 machines to be purchased in FY 2018 at a total cost of \$200,000. They will be utilized within 30 days after delivery as part of the terminal cleaning process by the EVS staff. The evidence, our clinicians and our stakeholders agree this is the current best practice to reduce CDI rates and halt this devastating event for our patients. We cannot let this continue: (Patient story – make it real)

(23)

Project Outline: Going For It!

- Project Overview
- Project Detail
 - Research
- Stakeholder Support
- Cost detail: Describe both direct and indirect and impact on reimbursement programs
- Measurement of success
- Timeline and how soon you expect to "move the dot"
- Impact
- Risk if do not purchase or initiate the program
- Summary + Ask
- References
- Attachments

(24)

Caution



- Many facilities have their own forms and process.
 - Ask for tips from someone who has done it
 - Ensure you know the correct steps
 - Don't let that be a barrier to going forward
 - EX. Committee only meets quarterly and all documents for the meeting must be submitted 3 weeks in advance

(25)

Resources

- **Institute for Healthcare Improvement**
 - <http://www.ihl.org/resources/Pages/Tools/Business-Case-for-Safe-Health-Care.aspx>
- Rutala, Presentation at APIC 2017, **What's New: Strategies in Healthcare Environmental Infection Prevention**

(26)

Contact Information



Peg Gilbert, RN, MS, CIC, FAPIC

Phone: 308-381-0194

E-mail: peggilbert@qualityic-llc.com

Website: <http://www.qualityic-llc.com>

(27)
